

License Application

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
<http://dwd.wisconsin.gov/wc>
e-mail: DWDDWC@dwd.wisconsin.gov

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

I am applying for license to appear before the department under provisions of the Worker's Compensation Act.

Applicant Name	Applicant SS #* or FEIN # (Required per s. 102.17(1)(cg))	Applicant Telephone No. ()
Applicant Address	City	State Zip Code
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, on the lines below briefly state the particulars: _____ _____		
Have you ever been disbarred from the practice of law or resigned upon request of constituted authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by what authority? _____ For what cause were you disbarred or resigned? _____	If disbarred or resigned, have you been reinstated to practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____ In which states? _____	

Below, give an outline of your employment record, showing your present or last position first. List all your principal work and every full-time position you have held in the last 3 years.

Position Held From: To:	Employer	Employer Phone Number ()
Employer Address	City	State Zip Code
Position Held From: To:	Employer	Employer Phone Number ()
Employer Address	City	State Zip Code
Position Held From: To:	Employer	Employer Phone Number ()
Employer Address	City	State Zip Code
Position Held From: To:	Employer	Employer Phone Number ()
Employer Address	City	State Zip Code

Provide Three Non-Family References:

Name	Phone Number ()		
Address	City	State	Zip Code

Name	Phone Number ()		
Address	City	State	Zip Code

Name	Phone Number ()		
Address	City	State	Zip Code

Provide a brief statement of your background, training or experience (if any) in Worker's Compensation matters

For the 3 hearings at which you have been permitted to appear without a license, provide the following:

Hearing Date	Case Name	Party You Represented

I certify that the above statements are true to the best of my knowledge and belief.

Applicant Signature _____ Date Signed _____